Country Profile | President's Malaria Initiative (PMI)

TANZANIA

December 2006



At a Glance: Malaria in Tanzania

Population: 37.4 million I

Life expectancy at birth: 45 years (male), 46 years (female)

Reported malaria cases (2003): 10.7 million*2

Under-5 mortality rate: 112/1000, or approximately 1 in 9 children³

- * Actual numbers of malaria cases are considered to be much higher since the majority of cases in Africa are unreported.
- I CIA World Fact Book
- ² Roll Back Malaria 2005 World Malaria Report
- ³ 2004 Tanzania Demographic and Health
- ⁴ US PMI Planning Team FY06 Country Action Plan

Background

In Tanzania, 93 percent of the population is at risk for malaria. The disease is responsible for more than one-third of deaths among children under age 5 and for up to one-fifth of deaths among pregnant women.⁴ In 2000, 55 percent of hospital admissions in under-5 children were due to malaria. Up to 80 percent of Tanzania's malaria deaths occur among these children.

Tanzania is one of three first-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women, children under 5 years of age, and persons living with HIV/AIDS – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Tanzania's national malaria control program, PMI backs four key intervention strategies to prevent and treat malaria:

- Spraying with insecticides ("indoor residual spraying," or IRS)
- Insecticide-treated mosquito nets (ITNs)
- Lifesaving drugs
- Treatment for pregnant women ("intermittent preventive treatment," or IPT)

Results to Date

• Long-lasting ITNs (LLINs): Beginning in December 2005, PMI and its partners distributed over 230,000 free LLINs on Zanzibar, including Pemba, more than doubling existing coverage rates of pregnant women and children under age 5.

- **Mosquito larval control:** PMI is providing chemical treatment of mosquito breeding sites in the capital, Dar es Salaam, protecting approximately 128,000 people in the area.
- IRS: The first round of IRS covered almost every household on Zanzibar and benefited over 1 million people.
- Artemisinin-based combination treatment drugs (ACTs): Approximately 380,000 lifesaving Coartem treatments have been purchased and delivered to Tanzania for distribution to refugee camps.
- ITNs: Ten thousand vouchers have been redeemed to provide infants one of the groups most vulnerable to malaria with new ITNs.
- Training: Training of Tanzanian health workers on the use of ACTs has been completed.

PMI Funding

For fiscal year 2007, PMI has set aside \$27 million in funding for malaria prevention and treatment in Tanzania and the Zanzibar islands.

Upcoming PMI Activities

- The second round of IRS on Zanzibar will be conducted in January 2007. PMI will support indoor spraying of all homes in Zanzibar with insecticide a second time to ensure the benefits continue.
- Tanzanian net manufacturers will have their production augmented and the quality of their products improved after PMI and its partners assist them in adopting factory-based pre-treatment of nets with insecticides. This will increase the availability and decrease the cost of ITNs in Tanzania.
- Several malaria drugs will be procured and distributed by PMI to health centers to better manage the most serious cases of malaria.